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New York

President: The Hon. Julian R. Hunte ..... (Saint Lucia))

The meeting was called to order at 6.10 p.m.

Agenda item 47 (*continued*)

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

High-level plenary meetings devoted to the follow-up to the outcome of the twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (A/58/184)

The President: I call on Her Excellency Mrs. Leila Rachid de Cowles, Minister for Foreign Affairs of Paraguay.

Mrs. Rachid (Paraguay) (*spoke in Spanish*): Two years ago, when we met in this great Hall, we did so with great concern, yet, at the same time, with the firm resolve to study the situation together and pool our efforts to ensure that the terrible epidemic of HIV/AIDS would not continue to further undermine the foundations of our households, societies and nations. On that occasion, we adopted an important Declaration aimed at establishing a universal strategy to combat that disease. For that reason, we are profoundly gratified at the holding of this high-level plenary meeting, because this year marks the first stage of the strategy, whose achievements we are analysing.

The report presented by the Secretary-General (A/58/184) on the implementation of the Declaration of Commitment on HIV/AIDS demonstrates that this document has become an invaluable instrument of reference for States and institutions in their efforts to fight this epidemic. However, it is also clear that we are far from achieving its effective implementation and fulfilment. The data and figures submitted continue to be alarming.

The epidemic in Paraguay began in 1986 and, since then, the country has been working out a response to it. Since 1995, political resolve has taken the form of the allocation of a special budget to deal with the needs of a national programme to combat the epidemic. It should be noted that, in the context of that policy, as far as the Government of Paraguay is concerned, unreserved respect for the rights of persons living with HIV/AIDS and the most vulnerable populations is a State obligation. Aware of that responsibility and despite our limitations, my Government has not spared any effort in carrying out its commitments. Planning made it possible to establish the policies of a national programme, together with departmental governments and all social actors, including people living with HIV/AIDS, thus giving a more effective and timely response to the growth of the epidemic.

Paraguay has developed measures aimed at vulnerable groups, giving priority to information and education prevention campaigns, which are aimed at changing behaviour patterns and directing young

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people and adults to take decisions that improve their quality of life, as well as to the development of mother-to-child prevention programmes.

Regarding care, support and treatment, this is the point where political will breaks down, given the burden of an adverse economic situation and overall tension, whose components represent a cost that greatly exceeds the financing abilities of a country with serious poverty problems.

Discrimination and stigmatization related to the disease grow in the shadow of ignorance, intolerance and fear. Paraguay, through the Government and civil organizations, has taken on the promotion of human rights of people living with AIDS or who are in some way affected by it, for which it is starting a legislative reform process that goes beyond respect for human dignity, the full exercise of basic human rights, right to information, education and liberal sexual orientation. It is also increasingly difficult to speak of vulnerable groups when the barriers that lead to the propagation of the epidemic and its effects are being addressed by greater access to education and overall health care. Boy and girl orphans and children in vulnerable situations, and the mitigation of social and economic effects, are still matters of initial treatment by governmental and non-governmental institutions.

We wish to highlight the leadership of the United Nations in this matter and underscore the work done by the Joint United Nations Programme on HIV/AIDS.

We often struggle to fight, with many resources, enemies who attack innocent people violently. I am referring to terrorism. However, it would seem that we still need to become fully aware of the fact that the enemies are not only those who sow terror in our nations; they are also those who slowly yet painfully undermine and destroy so many innocent lives, as is the case of women, boys and girls, who actually represent half of the cases of HIV infection in the world. That will be perhaps one of the most difficult issues that we must tackle, but it is, undoubtedly, the main one. It is the obligation of all of us to address it successfully. We must not fail in that undertaking. The history of humankind would never forgive us.

The President: I give the floor to His Excellency Mr. Roy Chaderton-Matos, Minister for Foreign Affairs of Venezuela.

Mr. Chaderton-Matos (Venezuela) (*spoke in Spanish*): The Declaration of Commitment on HIV/AIDS, a transcendental milestone in the collective effort to deal with a world scourge, is an example of cooperation in which the initiative of the United Nations demonstrates how multilateralism can contribute to combating scourges of global dimensions that affect the economic growth and social development of our peoples and countries.

In the health sector and in promoting the quality of life of our citizens, the Bolivarian Constitution recognizes that social security responds to the concepts of solidarity, universality, integral approach and participation. The right to health is implicit in the right to life, together with the promotion and defence of the right of gender equality and the right to decent work, nutrition, housing, education and culture.

Pursuant to these constitutional precepts, Venezuela has been making tremendous efforts to fulfil the international commitments that it has undertaken. Both at home and elsewhere, we are paying our tremendous social debt, especially to those excluded in our society.

In combating HIV/AIDS, we have made significant progress in spite of the political and economic difficulties which the country has undergone in recent times. In executing public policy, we have committed significant financial resources, approximately $120 million, that have been earmarked for large-scale programmes, including the strengthening of institutions. We have been implementing a national programme on sexually transmitted diseases and HIV/AIDS, which involves measures of prevention, overall care, epidemiological research and institution strengthening. To date, 34 projects have been executed, with wide-ranging social participation, in the area of AIDS prevention and prevention of other sexually transmitted diseases. This programme, which puts particular emphasis on promoting the human rights of individuals living with HIV/AIDS, has benefited more than 650,00 people during the period from 2001 to 2003, and has worked with approximately 27 non-governmental organizations.

Similarly, and pursuant to the provisions of the protection of the child and adolescent act and the act to combat violence against women and the family, the ministry of health and social development, together

with the ministry of education, culture and sport, is carrying out the AIDS prevention project for young people. This project's goal is to encourage prevention of the disease through the dissemination of information and the training of children, adolescents and their families. In the three years in which this has been in force, 1,383 Bolivarian schools have become involved and more than 150 local management teams have been organized, giving training to some 14,500 teachers.

In addition, in Venezuela, through the office of the State ombudsman, a number of workshops have been held on human rights and AIDS, directed both toward educators and young people. These are part of the preventive and educational phase of our activities, directed towards schools and university students, and towards future policemen, investigators and health workers. Similarly, we are applying the national drug programme for the segment of the population that is without coverage, carried out by the Venezuelan institute of social insurance. This is designed to assist the neediest social groups. It is an important effort by the national Government of President Hugo Chávez Frias to ensure access to drugs for persons suffering from the disease.

Every day, in Venezuela, more public institutions and private institutions join in the fight against HIV/AIDS, and, increasingly, financial resources are earmarked for this purpose. However, these resources are insufficient. Greater means are required to cover the extremely high cost of treatment and to train and educate specialized professionals. Only in this way will the objectives of the Declaration of Commitment on HIV/AIDS be fulfilled.

In conclusion, we appeal to the international community to once again renew its political commitment and to contribute greater financial resources to support programmes to combat HIV/AIDS, to reduce exposure to risk of the most vulnerable groups, and to promote the building of technical capacities and transfer of technology and expertise at costs that are accessible for the most affected countries.

The President: I now give the floor to Mr. Hilary Benn, Minister of State of the United Kingdom of Great Britain and Northern Ireland.

Mr. Benn (United Kingdom): At the General Assembly's special session on HIV/AIDS two years ago, the United Kingdom's representative, Clare Short, said this:

> "We have, I am afraid, no reason to congratulate ourselves on the convening of this session. ... We have been aware of the infection for 20 years and that it was spreading out of control for at least 10 years. ...
>
> "What we need now is urgent and much more effective action" (A/S-26/PV.1).

Sadly, her words remain true today. We know — the World Bank has told us — that some African countries face economic collapse because of AIDS. Family incomes will be decimated. We know that the crisis is being made much worse by the shortage of food in Southern Africa — what Kofi Annan has called the deadly triad. We know that countries struggle to cope with millions of orphans and that these children are having to be cared for, and the fields planted, by their grandparents because a whole generation — their parents' generation — has been wiped out. We know that countries cannot provide schools for their children because their teachers are dying. We know that people are getting HIV because they lack access to reproductive health and services. We know that AIDS kills development as well as people.

And we know it is not just Africa's problem. AIDS is increasingly affecting the whole world, and we need to work just as hard to prevent epidemics elsewhere reaching the scale of those in Africa as we need to do to reduce the terrible impact we are witnessing on a continent that has suffered so much.

It is because we know all of this that we do not need any more documents or declarations. What the millions of our fellow human beings dying of AIDS need is action. So what, together, should we do?

First, we must find the money needed for this fight. The United Kingdom is the second largest bilateral donor of HIV/AIDS assistance in the world and we have already pledged $280 million to the Global Fund over seven years. We support UNAIDS. We are backing research into vaccines and microbicides and treatments. But we need to do more, and that is why the United Kingdom has proposed the International Finance Facility, because it could make a real difference.

Secondly, we must ensure that the way we offer this money actually supports what countries are already

doing, rather than makes this more difficult by demanding extra reporting or more meetings of hard-pressed staff. We need to work through nationally owned AIDS programmes.

Thirdly, we need to recognize that treatment is the most immediate and the most pressing issue. Some of us, the United Kingdom included, have been slow to see this, and we have found ourselves lagging behind developing country Governments that are desperate to use treatment to help their people. The truth is that we need to use all of the means we have to fight this disease, and we strongly welcome the World Health Organization's target of getting three million people into treatment by 2005.

Fourthly, we must start to grasp the awful inequity of four Africans dying of AIDS every minute, while in richer countries antiretrovirals make it possible for people with AIDS to return to work. Things are changing, however. Drug prices are falling, and demand is growing. The agreement reached a month ago on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and access to medicines is a significant step forward for countries that lack drug manufacturing capacity. Having won this right, let us now use it.

Fifthly, we must ensure that countries have the capacity, the staff, the hospitals and the clinics needed to deliver these drugs safely and fairly. As treatment is increasingly used in poor countries, we must make sure that it reaches the very poorest, not just the well-off and not just men.

Finally, we must recognize that while treatment is vital, so is prevention; so is care for the sick; and so is reaffirming our strong commitment to reproductive health rights and services and to working with all those at risk, including drug users, sex workers, gay men and others at the margins of some societies.

If we are honest, we should admit that we should have done more sooner, and we could all do more now. So let us leave this special session determined to do more in the future by turning our words into action. Millions of people are depending upon us, and we owe it to them to make sure that we succeed.

The President: I now give the floor to Her Excellency Mrs. Ilinka Mitreva, Minister for Foreign Affairs of the former Yugoslav Republic of Macedonia.

Mrs. Mitreva (The former Yugoslav Republic of Macedonia): Today's meeting is a good opportunity for all of us to evaluate what was done in the period following the special session on HIV/AIDS, with a view to identifying problems, constraints and obstacles, as well as recommendations for taking action to achieve further progress. I am convinced that today's deliberations will contribute to that end.

Allow me to commend the Secretary-General for his personal commitment in launching the global appeal proposing the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The complexity of this pandemic threatening humankind knows no boundaries, and requires a comprehensive response at the global, regional and local levels. Prompted by that fact, we adopted the Declaration of Commitment on HIV/AIDS at a special session of the General Assembly in 2001. In the Declaration we identified the very essence and scope of the HIV problem and committed ourselves to serious actions and activities that must be done to fight this scourge, both in terms of prevention, care, support and treatment as well as in providing resources to alleviate its social and economic impact, particularly in the most affected countries. Moreover, one of the Millennium Development Goals agreed by all Member countries is to halt and reverse the spread of HIV/AIDS by the year 2015. Time is therefore bearing down on us, given the seriousness and speed of the pandemic.

Resolved to make its contribution to the implementation of the commitments, the Republic of Macedonia took the necessary steps and adopted an HIV/AIDS national strategy for the period 2003-2006. The strategy is designed as a three-year framework for the development, implementation, monitoring and evaluation of HIV/AIDS. The strategy combines the efforts of many stakeholders active within the national multisectoral HIV/AIDS commission, established in early 2003 to develop and oversee the design and implementation of the strategy itself.

Steady progress has been made in addressing HIV/AIDS in Macedonia, but much still remains to be done. Although current infection rates in the country are fortunately low, the trends in the region of Central and South-East Europe suggest a very real potential for the rapid spread of HIV/AIDS. Those regional trends further illustrate that the failure to respond at the early

stages of the epidemic can have profound medical, social and economic costs in the long run.

At the national level, a number of gaps were identified, including the relatively small-scale nature of targeted interventions for young people and identified vulnerable groups; the limited access that exists to counselling and testing services and medical care and support, which was further reduced by continuing stigma and possible discrimination caused by ignorance; the limited availability of important biological and behavioural surveillance data relating to the spread and development of the epidemic; the relatively limited capacity within the HIV/AIDS response; and the limited nature of available resources. If we address those constraints properly and in a timely manner, the Government remains optimistic that the spread and impact of HIV/AIDS in Macedonia can be reduced substantially over the next three years.

It is clear to all of us that the fight against HIV/AIDS requires constant awareness and action. We can win the fight against this scourge only if we have a coordinated global response. The desired goal of halting its spread by 2015 will require continuing education about the disease and providing better access to adequate medical treatment and assistance. Counselling and testing should be a priority for our Governments as much as emancipation from social taboos that stigmatize both the infected and their families. Furthermore, no one should be denied health care because of high drug prices. Recent developments in that context are encouraging.

I would like to underline that the genuine partnership that exists between all stakeholders — including Governments, the private sector and civil society — provides a glimmer of hope that we can succeed in achieving the 2015 target. Failure would be too costly for all of humankind. We political leaders should therefore continue to provide political guidance and be at the frontline of the battle against one of the greatest evils of our time.

The President: I now give the floor to The Honourable Lesego L. Motsumi, Minister of Health of the Republic of Botswana.

Ms. Motsumi (Botswana): It is my honour to report to the General Assembly on the progress Botswana has made with respect to its commitment to the prevention and control of HIV/AIDS as one of the 189 Member States that, in June 2001, signed the Declaration of Commitment on HIV/AIDS.

The Declaration has provided us with a framework for an expanded response to the epidemic, with clear goals and quantifiable targets to address all dimensions of the epidemic, that is, a multisectoral response focused on reducing HIV/AIDS infection among infants and young adults, mainstreaming HIV/AIDS into education and other sectors, expanding access to health care and treatment and improving support to orphans and other vulnerable groups.

The progress we are able to report is the result of a cooperative effort by different sectors, non-governmental organizations, community-based organizations, people living with HIV/AIDS, development partners, the private sector and academic and research institutions.

With a small population of only 1.7 million people, Botswana has the unenviable distinction of recording one of the highest HIV sero-prevalence rates in the general adult population. That rate was 35.4 per cent in 2002. Faced with the looming prospect of devastation of the economy, and indeed the very fabric of society, by an epidemic on that scale, we have mounted a comprehensive response, to the extent that national resources available to us permit and with the assistance and generous committed support of our partners. His Excellency Mr. Festus Mogae, President of the Republic of Botswana, who has galvanized the political leadership of the country, civil society, religious organizations and the business sector to effect and coordinate a concerted response to the epidemic, is leading that response.

HIV/AIDS has been integrated into our ninth national development plan with a strategic framework for the period 2003-2009, which will guide the implementation of our response. All sectors including faith-based organizations and people living with HIV/AIDS are represented on the highest national HIV/AIDS policy body, and an AIDS law reform process is under way to ensure an enabling legal framework for implementation of HIV prevention and control strategies and the protection of the rights of people living with HIV/AIDS, as well as ensuring equal access to services.

Our national vision is to meet the objective of an AIDS-free generation by 2016, as well as prevention targets for young people and other vulnerable groups.

Information, education and communication, as well as behaviour change interventions and life skills programmes targeted at school-going children and the youth, are being strengthened. These include school health programmes and the establishment of reproductive and sexual health programmes that will be more accessible to young people.

Provision of services to prevent mother-to-child transmission of HIV is a high priority, and these services are now available in all public health facilities, with 34.5 per cent of eligible women opting for them.

With 35 per cent of the adult population being HIV-infected, care and support of affected persons to improve the quality of life and productivity are essential. Treatment services have been expanded with the provision of a free national antiretroviral treatment programme in seven sites in the country, with 12 per cent of the estimated 110,000 persons with advanced disease requiring treatment being placed on antiretroviral therapy. This programme is being continually expanded and an additional seven sites should be operational by the end of the current financial year in March 2004.

Counselling and testing services are an important entry point for other HIV prevention and care services. A network of voluntary counselling and testing centres, started in the year 2000, has now been expanded to 16 centres, strategically spread throughout the country, which have provided services to more than 75,000 people.

A programme and strategies to address the needs of 42,000 children orphaned by AIDS is in place, which provide mechanisms to identify and register orphaned children as well as to provide them with services to reduce their vulnerability to HIV/AIDS and its impact. The HIV/AIDS epidemic has had a profound impact on socio-economic development and the welfare of affected persons. It is estimated that HIV/AIDS has reduced the growth rate of gross domestic product by 1.5 per cent annually.

In conclusion, the commitment of the Botswana Government's own resources has amounted to about 70 per cent of HIV/AIDS expenditure. Several major challenges exist, in particular the human resources themselves, which are being reduced by the epidemic, as well as infrastructure for service provision.

We would like therefore to take this opportunity to thank all the strategic partners that have dealt with us in this area. Furthermore, I would like to encourage them to stay committed to the process, as we are beginning to see rays of hope, as displayed by the levelling off of our HIV seroprevalence rates, generally, and in the 15-19 age group, in particular, indicating that our national response, despite the immense challenges that still lie ahead, is beginning to yield positive results.

The President: I give the floor to His Excellency Dr. Ginés González García, Minister of Health of the Argentine Republic.

Dr. González García (Argentina) (*spoke in Spanish*): I have come to this Assembly to convey, on behalf of President Néstor Kirchner, his satisfaction that Argentina has made convincing progress towards the targets agreed to in the Declaration of Commitment on HIV/AIDS and is involved in joint activities with the other countries of the region, developing strategies to secure better prices and achieve broad access to antiretroviral drugs.

Before I go into any detail in this regard, I would like to note that I am sure that those of us who have met here today understand that responsibility for the quality of life of human beings is universal, not just national or local. We agree that responsibility for the scourges of poverty, discrimination and disease cannot end at the borders of every country. Every individual has the same right to have a decent quality of life, regardless of the place in which fate has determined that he or she is born.

It is clear to everyone that risks to health stem not only from lifestyles, but also from fate. Our Government is convinced that poor populations all over the world, including the poor sectors of rich countries, can change the sometimes inexorable fate of greater inequality, disease and disability. This can only be done if they are protected by vigorous action on the part of the State and society in which they live.

The Human Development Report 2003 notes that the rich countries have undermined the right of poor countries to have access to drugs that save lives at accessible prices, and exhorts rich countries to make that right a reality. It adds that we face shared responsibility in an increasingly interdependent world.

In Argentina, we have declared the AIDS programme to be protected, exempt from any risks stemming from our fiscal crisis. In 2002, we were able to preserve that programme with the support of the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS). However, this has not been enough for us. We are concerned with AIDS and are attending to it. We are convinced that a healthy people are a people educated, employed and committed to growth and progress. For this reason, we have given priority to combating AIDS. Aware of the lethal potential of this scourge, we have worked together with community organizations, which has made it possible, even in the crisis, to achieve consensus solutions. This State-civil society interaction has made it possible for Argentina to achieve far-reaching results.

Throughout our national territory, we provide 100 per cent of antiretroviral treatments free of charge, and we are now treating a total of 25,000 persons living with HIV/AIDS. We are engaged in a number of measures to prevent vertical transmission. We are providing continuing advice in primary and secondary prevention and carrying out massive campaigns to promote the use of condoms, which we are providing free all over the country. We are actively supporting the actions of networks of persons living with HIV/AIDS, civil society organizations and non-governmental organizations. We are providing technical assistance to national AIDS programmes in countries that request our assistance. We are implementing prevention programmes in federal prisons, among children in detention and those in socially vulnerable groups, as well as intravenous drug users. We have been selected by the Global Fund to Fight AIDS, Tuberculosis and Malaria for financial assistance of activities of support for the prevention and control of HIV/AIDS.

In addition to our political will, our country needs international financial support to carry out these measures on a continuous basis. In this context, the commitment of our country has been shown in its consultations and coordination with the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean and the various Latin American or international networks active in the field.

This commitment has been reflected in the fact that we have set ourselves regional benchmarks for the crucial issue of pricing. In negotiating the prices of drugs in the current process in Lima, Peru, which began in June this year, we have contributed our experience and our data bank, enabling 10 countries to have access to prices 90 per cent lower than those that they were paying previously. In 20 of the 22 areas of negotiation, Argentina has achieved the best prices in the subregion.

Chile, Uruguay, Bolivia, Peru, Paraguay, Colombia, Venezuela, Mexico, Ecuador and Argentina will be able to benefit from a joint saving of approximately $150 million, covering an additional 150,000 patients every year. Moreover, in the last international bidding process, we achieved prices that are 25 per cent below those achieved in Lima. This enables us to offer our experience, which can be replicated by other countries with the purpose of ensuring a better use of resources.

We commit ourselves to continue the development of a comprehensive policy which shall improve the quality of life of persons with HIV, ensuring continuity in the provision of drugs and monitoring and follow-up, and promoting access to the essential social services and assets, while at the same time raising awareness about the problems associated with HIV/AIDS among vulnerable population groups not yet receiving care.

AIDS can be eradicated from the world. We must work together to ensure that our victory is complete.

The President: I give the floor to His Excellency Mr. Igor Ivanov, Minister for Foreign Affairs of the Russian Federation.

Mr. Ivanov (Russia) (*spoke in Russian*): Russia attaches great importance to the coordination of international efforts with the central role of the United Nations, in order to effectively counter pressing global challenges and threats. The clear motivation given to this process at the Millennium Summit should not be lost. Member States should give the United Nations all necessary political support for the sake of attaining this goal.

Russia expects that this session of the General Assembly will make all necessary efforts for the practical implementation of the Russian initiative to establish, under United Nations auspices, a global system to counter new challenges and threats. We agree with the Secretary-General that combating a global threat such as HIV/AIDS requires a comprehensive

approach and needs to be integrated into general strategies of sustainable development for States.

The time that has passed since the Declaration of Commitment on HIV/AIDS was unanimously adopted by the international community, has shown that this document is timely and well focused. The spread of the HIV virus is one of the most deadly in the history of mankind. According to some projections, if HIV continues to spread at present rates, it may result in the deaths of almost 70 million people.

HIV is a pressing problem for Russia, which is experiencing a serious demographic crisis. According to official statistics, the number of HIV-positive individuals last June was 245,000. Unofficial data imply that the real numbers are four to six times higher.

We clearly realize the damage AIDS is causing to our country today and what disasters it may bring in the future. According to some estimates, if the epidemic is not stopped the number of HIV-positive individuals, most of them young people, may reach 5 million. That is why Russia will intensify measures to achieve a comprehensive solution to the HIV problem facing the country, and will fulfil its commitments under the Declaration.

Russia is already effectively implementing a federal programme for the period 2002-2006, providing for urgent measures to prevent the spread of the HIV virus in the country. Russia is one of the few countries that has successfully introduced a system allowing detection and monitoring, not only of people living with AIDS, but also of HIV-positive individuals, which makes it possible to prevent the spread of infection during the early stages.

In 1995 a federal law on the prevention of HIV-caused disease was passed in Russia, which guarantees and protects the rights of Russians affected by HIV. We may consider as a major achievement of the past two years, a series of special preventive measures carried out by Russian doctors, which helped considerably limit the spread of HIV infection which has so far been concentrated mostly in high-risk groups.

Much is being done to ensure active public engagement of different groups of civil society in preventing and combating AIDS. Intensive work is being conducted by the Coordination Council on HIV Problems, established under the auspices of the Ministry of Health of the Russian Federation, in which non-governmental organizations and associations have a vote and participate on an equal basis with representatives of federal ministries and government health-care agencies.

At the initiative of the Russian Federation, a plan of urgent measures to counter the spread of HIV/AIDS in member States of the Commonwealth of Independent States has been drawn up, signed and is now in the implementation phase. Various United Nations agencies, among them the World Health Organization, the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund (UNICEF), the United Nations Population Fund, the United Nations Development Programme and the World Bank, as well as international public non-governmental foundations and organizations are engaged in combating AIDS in Russia.

Russia supported from the very beginning the idea of setting up the Global Fund Against AIDS, Tuberculosis and Malaria and contributed $4 million to the establishment of its organizational and legal framework. We have already invested in the Fund an overall pledge of $20 million, announced by the President of the Russian Federation.

We believe that technical and financial resources will enable us to carry out a major goal of the Millennium Declaration — to halt, by the year 2015, the spread of HIV/AIDS, which is causing the sufferings of humankind, and thereby reduce the scope of its spread.

The President: At this time I would like to give the floor to the Secretary-General of the United Nations, His Excellency Mr. Kofi Annan, to present the summary of the discussions in the informal interactive panel.

The Secretary-General: In accordance with General Assembly resolution S-26/2/2001, a high-level interactive panel on HIV/AIDS was held this afternoon. The panel was attended by ten heads of State and Government, a large number of ministers, six heads of United Nations agencies and more than 20 representatives of civil society.

The high-level panel focused on three critical areas that must be addressed with courage and determination if we are to meet the Millennium Development Goal of beginning to reverse the spread of HIV/AIDS by 2015. These include the need to

reduce stigma and discrimination, particularly against those living with or infected by HIV/AIDS, to implement and recognize the importance of broad-based partnerships that draw on the strengths and contributions of all paths of society, and the need to mobilize resources on a scale far greater than we have achieved so far.

A key theme running through the panel discussion was recognition that AIDS represents the greatest leadership challenge of our time, leadership among, but not limited to, heads of State and Government, leadership at every level of society, among faith-based organizations, community groups, the private sector and civil society organizations. That leadership must be characterized by frank and honest recognition of the impact of AIDS on our societies and the steps that must be taken in response.

In our discussions, we highlighted stigma and discrimination as some of the most formidable obstacles to future progress. They undermine the scaling up of both prevention and treatment efforts. They make already marginalized groups, which are often the most vulnerable to infection, even more difficult to reach. We also focused on the massive impact of AIDS on women and on the acute need to involve them in the response.

Equally critical is the involvement of people living with HIV/AIDS in all aspects of the fight against the epidemic. The discussion also stressed the importance of partnerships. Civil society representatives made clear that these partnerships must be based on mutual respect and recognition of comparative advantage. Political leaders recognized the need to involve civil society as a full partner in an expanded response to AIDS.

We also looked at examples of how all civil society groups are making unique and vital contributions to the struggle against AIDS at all levels. Obviously, the question of resources was of paramount concern. While resources available to the fight against HIV/AIDS have doubled since the General Assembly's special session on AIDS in 2001, they still remain woefully inadequate. Resource flows must double once again to reach the $10 billion required annually by 2005 to stem the tide of AIDS.

We stress the need to ensure adequate funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as the need for the involvement of other key partners, including bilateral and non-governmental organizations.

Participants from developing countries expressed their commitment to increasing their own spending on HIV/AIDS and suggested innovative ways in which this spending could be increased. Only if HIV/AIDS is kept at the top of political and practical agendas at every level will resources flow at the pace and scale we so urgently need.

While acknowledging the formidable obstacles before us, the conclusions of the panel were not pessimistic. We are learning more and more every day about what works. Resources are increasing, and political leadership is gaining steam. But we must stay on course and redouble our efforts to remain true to the Declaration of Commitment adopted in this Hall just two years ago.

The President: I thank the Secretary-General for his statement.

I give the floor to His Excellency Alhaji Momodu Koroma, Minister for Foreign Affairs and International Cooperation of Sierra Leone.

Mr. Koroma (Sierra Leone): Launched at a time when the country is emerging from the grip of an 11-year armed conflict, the war on HIV/AIDS is one of the greatest post-conflict challenges facing Sierra Leone.

In June 2001, at a special session of the General Assembly on HIV/AIDS, our Government, among other nations, made a commitment to reduce the spread of the disease and to mitigate its impact. Following that commitment, our President constituted a Cabinet subcommittee on HIV/AIDS. The mandate of the Committee was to address the problem at the highest level of Government and to facilitate the development of a policy framework to deal with the pandemic.

In 2002, the Government collaborated with our development partners to develop a national policy on HIV/AIDS. Our policy emphasizes the principles of multi-sectorality and partnerships; respect for human rights; transparency and accountability; monitoring, evaluation and research; universal access to information and advocacy; and resource mobilization.

Through support from the United States Centres for Disease Control and Prevention (CDC), in Atlanta, we conducted, in April 2002, a national biological and behavioural survey to determine the sero-prevalence of

HIV and various related sexual behaviours in Sierra Leone. This study revealed an average national HIV prevalence of 0.9 per cent. In spite of this low rate, the Government is fully aware that conditions of poverty and post-conflict factors could exacerbate its prevalence.

In this regard, the Government, with the support of the World Bank, is implementing a four-year multisectoral programme on HIV/AIDS, and, given its importance, the programme is based in the President's Office.

HIV/AIDS is a complex and multifaceted development problem requiring both short-term containment actions and long-term, sustained and broad-based responses, including a range of activities involving virtually all levels and sectors of Government and of society. The rapid spread of the HIV/AIDS scourge would have damaging consequences for sectors such as education, social welfare, gender and children's affairs, transportation, defence, agriculture and rural development, and the mining sector, all of which are key for the future development of our country, Sierra Leone. At the same time, each of these sectors could, in turn, provide significant contributions to the overall fight against HIV/AIDS.

Ms. Polfer (Luxembourg), Vice-President, took the Chair.

The Government is presently collaborating with the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Country Team for West and Central Africa, based in Abidjan, to develop a subregional response — the Mano River Union Initiative on HIV/AIDS — designed to strengthen partnership between Guinea, Liberia and Sierra Leone in the fight against the disease. The aim is to put together a comprehensive programme to address HIV/AIDS within the Mano River Union Basin. Our Government is also collaborating with the United Nations Theme Group on HIV/AIDS to develop a national strategic plan.

But for the national and regional programmes to succeed, we need additional support from the international community, from both bilateral and multilateral donors. I want to assure the General Assembly that the Government is fully committed to action rather than just words to ensure that the pandemic is contained within our own country.

The Acting President (*spoke in French*): I call on His Excellency Mr. Erkki Tuomioja, Minister for Foreign Affairs of Finland.

Mr. Tuomioja (Finland): The Declaration of Commitment adopted at the General Assembly special session in June 2001 set a broad and challenging agenda. In the two years since our commitment, we have seen increased attention to and recognition of HIV/AIDS as a major global emergency which also threatens global security. We are here to discuss the report of the Secretary-General on the implementation of the Declaration of Commitment on HIV/AIDS (A/58/184). In this year's follow-up, we will look particularly at the policy framework.

The report of the Secretary-General highlights some of the progress made. We have seen various global initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, which serve to raise awareness of the urgency of the epidemic, as well as of the need for increased resources to tackle it. Consequently, investments in HIV/AIDS programmes at the country level have grown significantly. Positive steps have been taken at the national level regarding national leadership. Media coverage has increased. The report states that national multisectoral HIV/AIDS strategies have been created in three out of four countries. Those are good achievements, and we should not underestimate them.

However, despite increased attention and manifold action, HIV/AIDS remains one of the biggest challenges to the international community. Although sub-Saharan Africa is the most affected region of the world, there has been a rapid spread of infection in many other regions, for example in the most Eastern parts of Europe. It seems that we will not achieve many of the targets we committed ourselves to in the set timeframe. The report of the Secretary-General on the follow-up to the Declaration of Commitment confirms that time is definitely not on our side.

Let me highlight only a few of the set objectives that Finland regards to be of particular relevance at today's special session.

First, we have to ensure that all people, particularly young girls and boys, know how to avoid infection. According to the progress report by the Secretary-General, the epidemic is growing fastest among young people, who have the highest rate of new infection. Basically that means that all people, and

particularly young people, should have access to the information that will enable them to make responsible decisions. As our special focus is on young people, education systems and school curricula should be fully geared to providing youth-friendly and good-quality information on sexual and reproductive health and rights. We must not forget the out-of-school children either, who face a special risk of infection.

In that regard, I want to emphasize that respect for human rights is essential in the fight against HIV/AIDS. Discrimination and stigma are key barriers in advancing the set goals. However, knowledge is but one important element in the fight against HIV/AIDS. Eliminating discrimination against women and girls and gender-based violence must have a central role in our joint efforts. HIV transmission linked to trafficking for the purposes of sexual exploitation is a tragic example of the violation of the human rights of women, girls and boys.

Finally, while we are increasing our endeavours to meet the unprecedented and urgent needs of access to treatment and care, it has become evident that we cannot make progress in that regard if we do not at the same time tackle the problems of sustainability and harmonization of interventions. In view of the immense economic impact the pandemic is having in several countries, I wish to emphasize the need to carry out this work closely with the implementation of poverty-reduction strategies. In that connection, I would like to mention the Joint United Nations Programme on HIV/AIDS (UNAIDS), which is doing impressive work, including strenuous efforts at collecting data, doing advocacy globally and providing guidance and norms for the use also far outside the ambit of the United Nations system itself. Finland warmly supports UNAIDS in those efforts and will continue to contribute to its work.

Our focus today is on policies. But however good the policies and strategies are, they do not matter if they are not implemented at the country level. That will be our major challenge in the next few years.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. George Iacovou, Minister for Foreign Affairs of the Republic of Cyprus.

Mr. Iacovou (Cyprus): Three decades after the first AIDS case was reported, humankind is faced with a global and persistent humanitarian disaster that has gravely affected entire geographic regions. Our inability to substantially contain the number of infections and to formulate multidimensional policies to combat the HIV/AIDS pandemic is resulting in 2 million deaths a year. Poverty and increasing inequalities in the distribution of wealth, socio-economic underdevelopment, gender inequality, illiteracy, restricted access to information and armed conflict inhibit our efforts to arrest the spread of HIV and AIDS.

We welcome the achievements of the Joint United Nations Programme on HIV/AIDS (UNAIDS). We also welcome the work of other agencies within the United Nations system, and commend them for their dedication to prevent and monitor the disease and, above all, for their support for individuals and communities. Their efforts, in combination with the considerable growth in HIV/AIDS treatment-related expenditure, point to the immensely significant role of the United Nations in fighting the pandemic. We believe that a successful strategy should include programmes operating at the regional level to complement national programmes. The implementation of existing agreements aimed at making HIV medication affordable in developing countries must also be ensured. Such an endeavour could well prolong the lives of millions of sufferers in some of the most deprived areas of the world.

My delegation has aligned itself with the statement made earlier by the Minister for Foreign Affairs of Italy on behalf of the European Union. I would therefore like to take this opportunity to make a few remarks on the HIV/AIDS situation in Cyprus.

Since the diagnosis of its first AIDS case, in 1986, Cyprus has considered this issue to be among its highest priorities. We believe that to be one of the main reasons why the incidence of the disease remains at a very low level in our country, with 0.1 per cent of the population being infected. All the initiatives pursued by the Government of Cyprus since 1986 have been conducted in close cooperation with the World Health Organization (WHO); for whose advice and overall contribution we are very grateful.

We have now established the National AIDS Committee, which is comprised of governmental authorities and departments, private institutions and non-governmental organizations. We have also set up a specialized agency whose primary function is to offer patients living with HIV and AIDS, at no cost, the most

advanced combination of medical treatments and the necessary social support to sustain their quality of life. The National Committee also acts as a mechanism against discrimination against HIV-positive citizens. It has targeted public awareness, especially among high-risk groups, as a tool to maintain the existing low rate of infection. Even though data patterns regarding HIV infection have remained stable over the past two years, the situation continues to be closely monitored. We are currently drafting a new strategic plan, which will incorporate, on a continuing basis, all new developments regarding HIV/AIDS.

Lastly, we have developed and updated a comprehensive legal framework, which is intended to safeguard the equal treatment of all citizens, regardless of their health status. It forms the basis of our attempts to eliminate any stigma associated with AIDS. I wish to reiterate our determination to maintain an active interest at the national, regional and international levels in order to maximize the efficacy of our actions.

We should not permit this impressive initiative by the Secretary-General to fail. We must collectively mobilize the resources of the international community in order to restrict the pervasiveness and impact of this ruthless and tragic pandemic.

The Acting President (*spoke in French*): I call on His Excellency Mr. Tonino Picula, Minister for Foreign Affairs of the Republic of Croatia.

Mr. Picula (Croatia): As we assess today our progress in the first time-bound targets set out in the Declaration of Commitment on HIV/AIDS, it is clear that much still needs to be done, as the challenges posed by this epidemic remain as great as ever. In that respect, my delegation would like to stress the importance of the report of the Secretary-General (A/57/184), which undoubtedly warns us of the fact that, despite all the measures that have been taken by States so far, they are still insufficient to halt the negative impact of the epidemic on our societies or to reduce the number of new cases.

Parallel to global efforts, national policy-makers need to be held accountable in the fight against HIV/AIDS. Therefore, in looking for a holistic approach, Croatia has taken a number of measures nationally. Even prior to the special session, the Ministry of Health had already established a Commission for the Prevention of HIV/AIDS in 1990. The Commission drafted a National Programme for Protection against AIDS, which was adopted by the Government in October 1993. That Programme established a comprehensive approach addressing HIV/AIDS-related problems, including the introduction of triple antiretroviral therapy as part of the Government's Medicare policy, as well as of approval of other necessary medication and therapy.

In order to widen the scope of action, the Commission was replaced by a National Committee for the Suppression of HIV/AIDS, which has taken it upon itself to update its working methods and review the National Programme in order to meet the policy targets set in the Declaration.

Although less than 300 cases of HIV/AIDS infection have been recorded in Croatia, we are fully aware of the fact that Eastern Europe, along with Central Asia, has the fastest-growing HIV/AIDS epidemic rate in the world. Therefore, the Croatian Government is focusing on policies and strategies that will make the public more sensitive to the HIV/AIDS issue, while at the same time trying to engage civil society in the national response to the epidemic.

At the same time, considering that high-risk groups include intravenous drug users and sex workers, regional efforts to prevent trafficking in persons and drug smuggling are very important. As part of the national commitment, campaigns have been organized through electronic and print media and lectures for the general public and the most vulnerable groups — children, women and girls. Written materials and brochures are being widely distributed and education programmes in schools and universities — targeting teachers, students and risk groups — have been initiated. Major progress has been achieved and a great deal of effort has been invested in coordinating the activities of the Government and the non-governmental sector. As a result, the Ministry of Health subsidizes the work of several non-governmental organizations, as well as health institutions dealing with HIV/AIDS-positive patients.

In Croatia several international organizations work with the Government and national non-governmental organizations in fighting the HIV/AIDS pandemic. These include, first and foremost, the United Nations and the World Bank, as well as a plethora of United Nations specialized agencies and programmes. Croatia would especially like to express its appreciation to the United Nations Children's Fund

(UNICEF) for the education- and prevention-sponsored programmes it started with the Children's Hospital in Zagreb, as well as programmes aimed at risk groups throughout Croatia, including youth.

Mention should also be made of Croatia's participation in the United Nations Global Fund to Fight AIDS, Tuberculosis and Malaria. Croatia's programme, which was approved by the Fund in January 2002, is being used to build upon existing programmes and can be viewed as a programme of action for Croatia's National Programme for Protection against AIDS.

I am particularly pleased to inform members that, as of this autumn, in collaboration with the World Health Organization (WHO) Regional Office for Europe, Zagreb will become one of three "knowledge hub" centres for central and South-Eastern Europe. The Centre will be operated within the framework of WHO capacity-building projects to fight HIV/AIDS and through German funding. Joint efforts of this project will focus on enhancing the system of prevention and monitoring HIV/AIDS cases in the region, where, according to WHO, it is estimated that more than one third of those suffering from AIDS remain unregistered.

Finally, my delegation hopes this meeting will provide a pertinent benchmark on whether nations are serious in their resolve to establish an enabling policy environment, which sets the stage for the programme and impact targets of 2005 and 2010. Moreover, it should help to articulate a clear vision of the work to be done, so as to restore momentum and much-needed political commitment and leadership in those areas where progress is lagging.

The Acting President: I call on His Excellency Mr. Sinha, Minister for External Affairs of the Republic of India.

Mr. Sinha (India): I am happy to represent India at this meeting. It is appropriate that this high-level plenary meeting, at the beginning of the fifty-eighth session of the General Assembly, should consider a subject that has become not only an overriding concern for the entire international community, but also a serious humanitarian crisis.

India strongly supports the Declaration of Commitment on HIV/AIDS, adopted at the twenty-sixth special session of the General Assembly. We welcome the recent efforts of the G-8 to address effectively the urgency and gravity of the HIV/AIDS epidemic. At the same time, we would like to express grave concern over the fact that the HIV/AIDS epidemic remains a global emergency, undermining social and economic development throughout the world, particularly in the developing countries.

The 2001 special session of the General Assembly set certain time-bound targets for 2003 relating to the establishment of an enabling policy environment. Let me share with Members some of the steps that India has initiated with the aim of strengthening political advocacy and implementing a multi-pronged strategy for dealing with the problem of HIV/AIDS. A year-and-a half ago, our Prime Minister launched a parliamentary forum, cutting across political party lines on HIV/AIDS. A national convention of this forum was convened earlier this year involving elected representatives from across the country, with a view to translating the consensus at the national level to action at the grassroots level. That convention was inaugurated by the Prime Minister.

A comprehensive National AIDS Control Programme is in place in India, covering the entire length and breadth of the country. This programme seeks to put in place a wide range of preventive programmes dealing with care, support and treatment, access to information, education and services, as well as strengthened anti-discrimination units and human rights protection for HIV/AIDS infected people.

Protection of the rights of the HIV/AIDS infected population is an important responsibility, which we acknowledge and seek to address. We are determined to protect the vulnerable, ensure non-discrimination, enhance provision of health care and secure access to socio-economic rights.

The National Programme on AIDS includes campaigns to eliminate the stigma and discrimination faced by HIV-positive people. Voluntary counselling and confidential testing centres have been established to provide social and psychological support to HIV patients. Our approach to counselling is non-coercive, cost-effective and inclusive. Special emphasis has been placed on the right to privacy of individuals vulnerable to HIV. Also, the empowerment of women through sensitization and education is seen as an essential part of reducing their vulnerability to HIV.

The agreement reached on public health related issues, in particular on access to affordable medicines to combat epidemics, is a welcome and positive step. Such access for people in developing countries is among the most effective elements of public health policy aimed at reducing mortality and infection rates of scourges such as HIV/AIDS. We are, indeed, gratified that Indian pharmaceutical companies are producing antiretroviral AIDS drugs at relatively affordable prices.

There is a need for accelerated efforts to step up medical research in the field of HIV/AIDS. Governments should be at the forefront of such efforts and not leave the responsibility entirely to the private sector. The international community should also pool its technical expertise and resources for this purpose.

It is evident that political intervention and the adoption of national strategies, while essential, do not by themselves ensure the achievement of the impact targets that we have established for 2005 and 2010. While the primary responsibility for dealing with AIDS rests with national Governments, we believe there is greater need for international solidarity and burden sharing.

We believe that the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria has been a significant development. India was a member of the transitional working group that led to the creation of this Fund. We hope that the Fund will live up to its promise. We hope that both the developed and the developing countries will together fight this scourge, and that the war against HIV/AIDS will now enter a decisive phase.

The Acting President (*spoke in French*): I call on Mr. Mizanur Rahman Sinha, Minister of State for Health and Family Welfare of the People's Republic of Bangladesh.

Mr. Sinha (Bangladesh): I am honoured to be here today on this very important occasion to share with you our concerns, experiences, and challenges in the fight against HIV/AIDS.

Bangladesh is very committed to addressing issues of public health, including HIV/AIDS. Bangladesh, with its population of 130 million, is still fortunate to be a low-prevalence country. The number of HIV positive cases in Bangladesh have been estimated as 13,000 by the Joint United Nations Programme on HIV/AIDS and the World Health Organization. But at the end of World AIDS Day 2002, the number of our reported cases was 248, out of which 26 developed AIDS and 20 died.

The commitment to fighting the HIV/AIDS epidemic dates back to the very early stages of the epidemic in the world. The Government of Bangladesh, under the dynamic leadership of the Honourable Prime Minister Begum Khaleda Zia, has placed HIV/AIDS as a top priority. It started with the formation of the National AIDS Committee in 1985 and it has its representation at high and senior levels with broad based membership from all the key sectors. The Honourable President of Bangladesh is its chief patron and the chair is the Honourable Health Minister.

Under the National AIDS Committee are the Technical Committee and the Motivation cum Publicity and Monitoring and Evaluation sub-committees.

Leadership and policy guidance is paramount for the success of any HIV programme. Bangladesh has this leadership, policy guideline and support with a dynamic National Policy on HIV/AIDS and Sexually Transmitted Disease (STD) related issues, which forms the basis of support for its programme of action against HIV/AIDS and other STDs.

Under the leadership of the Government and based on the status of HIV/AIDS and the context within which it occurs, efforts to revise and update the five year national strategic plan are in progress so as to ensure that AIDS is adequately and effectively tackled in the country.

In addition, related programmes, including the Safe Blood Transfusion Programme, Injection Safety, Policy on the Prevention and Control of Hepatitis B, are also underway. The Parliament has passed legislation on Safe Blood Transfusion and the 98 centres for ensuring safe blood through screening for HIV, hepatitis B and C, malaria and syphilis are in place. Twenty more centres will be established to further strengthen the programme. This programme has, over the last three years, succeeded in markedly reducing the number of professional donors and has remarkably increased the number of voluntary and replacement donors. Moreover, drastic reduction has occurred in the seroprevalence of hepatitis B and C and syphilis in donated blood.

Universal precautions and infection control are the major concern of our Government and we are in the process of finalizing a National Policy on Injection Safety.

Bangladesh has a well developed and technically sound sera and behavioural surveillance system, which has been in operation for the past four years. It has provided valuable data on seroprevalence of HIV, behavioural trends and the associated risk factors and it has assisted in the mapping of the most vulnerable groups that require special and focused interventions. We are happy that we are still a low-prevalence nation for HIV, having a prevalence of 0.3 per cent among our most high-risk population.

Bangladesh is a country with strong religious and cultural values and we believe this has helped our nation to remain low-prevalence for HIV up to now. Religious motivation is being regularly conducted for mass awareness of prevention of HIV/AIDS and Sexually Transmitted Infections (STIs).

However, we are also aware of our immense vulnerability, stemming from our large population size, high illiteracy rate, poverty, internal and external migration, the fact that we are surrounded by high-prevalence countries and the documented high-risk behaviour in our most vulnerable population groups. Moreover, the surveillance data show that there is a rising trend of HIV among injecting drug users. Our Government is determined to keep Bangladesh as a low-prevalence nation and for this we are working closely with non-governmental organizations and development partners, as we recognize that the fight against HIV/AIDS has to be through partnership and close collaboration with non-governmental organizations, communities and development partners.

We believe that the response has to be multisectoral. The Government of Bangladesh attaches the highest priority to the prevention and control of HIV/AIDS with a multi-sectoral approach, involving the Ministry of Health and Family Welfare as the lead ministry and other related ministries. The Government of Bangladesh, in collaboration with the United Nations theme group, has established the expanded theme group that reflects the national multi-sectoral approach to HIV/AIDS and puts emphasis on the effective coordination of input from different partners.

More informative and operational research is required to help improve the measures to limit the spread of HIV in the country, while the use of already available tools and experience from within and without is being pursued with utmost urgency and intensity. Monitoring and evaluating the effectiveness and impact of diverse inputs and contributions remains a big challenge. In that regard, we need support from international agencies.

Bangladesh is the one of largest providers of United Nations peacekeepers in the world. HIV infection among our armed forces personnel remains commendably low, despite their deployment in high-risk areas overseas as United Nations peacekeepers. Out of the 44,000 peacekeepers we have deployed thus far, only 0.3 per cent have been found to be sero-positive for HIV. That is due to an intensive and comprehensive programme, initiated 1989, to reduce the risk of the transmission of HIV and other sexually transmitted diseases among armed forces personnel.

Bangladesh has received funds from International Development Association credits for HIV prevention and for the strengthening of our national programme, which will be disbursed this year in order to carry out a massive expansion in our intervention programme. In addition, Bangladesh recently signed an agreement with the Global Fund to Fight AIDS, Tuberculosis and Malaria to finance our HIV/AIDS proposal. That proposal aims to work with young people in order to raise popular awareness about long-term prevention of HIV/AIDS. Along with a group of non-governmental organizations, the Government of Bangladesh has also submitted other proposals that are now being reviewed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, as Bangladesh has the fifth largest tuberculosis burden in the world, and given the close link between tuberculosis and HIV, Bangladesh needs international support in that regard as well.

On behalf of our Government and our country, I wish to say that I am happy to see that the General Assembly is focusing on HIV/AIDS. I believe that for low-HIV-prevalence and developing nations such as ours, prevention is a big challenge in confronting the epidemic, especially given the fact that the focus is currently on countries where the epidemic is already well-established. We look forward to help and cooperation from the international community to face the challenge of remaining a low-HIV-prevalence nation and so that we can prove that a large-scale epidemic can be avoided in a country.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Anastasios Giannitis, Alternate Minister for Foreign Affairs of the Hellenic Republic.

Mr. Giannitis (Greece): Our discussion today to follow up the General Assembly's 2001 special session on HIV/AIDS is indeed proof of the fact that we are all aware that the fight against AIDS is a global challenge. Awareness is the first step in coping with AIDS, and the Member States of the United Nations have already achieved that awareness. Obviously, however, that is not enough.

AIDS is a pandemic that concerns us all. It is only natural that the United Nations should take the lead in dealing with it by mobilizing Governments, civil society, the private sector, non-governmental organizations and people living with AIDS at all levels. Each day 14,000 people, half of them aged 15 to 24, are newly infected, thereby adding to the epidemic's staggering impact on health and on the social and economic stability of nations. In some parts of sub-Saharan Africa young women are now up to six times more likely than young men to be infected with HIV. The problem has reached the dimensions of a social, economic and even demographic catastrophe, especially in developing countries. The already existing differences between North and South are thereby exacerbated, as developing countries have to cope with a disproportionate share of the global burden in the fight against AIDS.

The Declaration of Commitment on HIV/AIDS, adopted by the special session of the General Assembly on HIV/AIDS in June 2001, represents a momentous milestone in the global struggle against this epidemic. It establishes for the first time ever time-bound targets for which individual Governments and the international community may be held accountable. It calls for concerted action to prevent new infections and to reduce vulnerability; enhance access to care, support and treatment; protect human rights; empower women; mitigate the epidemic's impact and mobilize sufficient resources to support essential endeavours.

We believe that the progress achieved recently in the crucial matter of access by developing countries to medication is indeed an encouraging sign. We hope that concrete results will ensue as soon as possible, as they would be extremely beneficial to our common struggle against AIDS. As a member of the European Union, Greece fully subscribes to the statement made earlier today by the Italian presidency of the Union on behalf of the member States of the European Union. Moreover, my country fully shares the European Union's commitment to combat and eradicate the AIDS epidemic and its destructive consequences, as expressed in the European Union declaration, issued at the international conference on support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, held in Paris on 16 July 2003. In particular, we believe that the Global Fund to fight AIDS, Tuberculosis and Malaria is developing into a viable mechanism for the financing of HIV/AIDS and other health programmes in developing countries. The Fund represents a significant opportunity to make progress in the fight against AIDS on an international scale and to make progress in reaching the Millennium Declaration Goals in general.

At the European Council meeting held last in Thessaloniki, the member States of the European Union reaffirmed their commitment to fight the epidemic. They called upon the Commission of the European Union and upon member States to make a substantial long-term contribution to financing the Fund. They also pledged their support to the international donors and partners conference, held in Paris, at which Greece pledged 250,000 euros. We believe that the Global Fund can provide powerful encouragement to everyone involved in the fight against HIV/AIDS.

Apart from our efforts at the international level, we in Greece have spared no effort in combating the epidemic. In addition to improving monitoring activities and intervening to control communicable diseases, in 1992 the Ministry of Health and Welfare established the Hellenic Centre for the Control of Infectious Diseases. Its objectives are to combat, monitor, support and coordinate all actions aimed at effective and timely prevention of HIV and to treat infectious diseases.

It should be noted that Greece's population appears to have a lower HIV-incidence rate — 48.8 incidents per million — than the European Union as a whole, whose infection rate in 2000 was 57.5 per million. In addition, the significant decline in AIDS-related deaths in Greece since 1997 is due to the 1996 introduction of highly active antiretroviral therapy, which delays the progression of disease, and therefore death. Antiretroviral medicines are free of charge for the infected population, as well as for immigrants. The

successful results achieved in Greece are an indication of the fact that if we wish to cope with the pandemic efficiently, we have to deal with its social and economic aspects, which are equally important, as well as with the medical aspect of the disease itself.

Despite the progress achieved in my country, we have no illusion that the HIV/AIDS epidemic can be coped with, let alone eradicated, at the national level. Systematic international mobilization must continue for years to come. Success will be achieved only once the epidemic is under control on a global scale. In closing, therefore, we would like to call upon all interested parties to maximize their efforts to implement the Declaration of Commitment. For our part, I can assure the General Assembly that we will continue assume our share in that endeavour to the best of our ability.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Dr. Christine Nebout Adjobi, Minister in Charge of the Fight Against HIV/AIDS of the Republic of Côte d'Ivoire.

Dr. Nebout Adjobi (Côte d'Ivoire) (*spoke in French*): On behalf of the people of Côte d'Ivoire, its President, His Excellency Mr. Laurent Gbagbo, and the Government of National Reconciliation, I would like to thank the United Nations for the important role it plays in the fight against HIV/AIDS. Indeed, the Declaration of Commitment, signed on 27 June 2001 during the twenty-sixth special session of the General Assembly on HIV/AIDS, is now enabling various countries to intensify their response to the disease.

I would ask you, Madam President, to transmit to the Secretary-General, Mr. Kofi Annan, our most sincere thanks for his involvement in the resolution of the Ivorian conflict, which has allowed for positive developments in the security situation. We would like to thank him for this and to express to him the gratitude of the entire Ivorian people. Indeed, his interest in that West African country is such that, on 18 September, International Peace Day, he will be addressing the Ivorian people and sending them a heartfelt message of encouragement. We should like to thank him for this.

My country, Côte d'Ivoire, signed the Declaration and has translated it into reality by undertaking a number of steps, including the drawing up of a national plan to combat HIV/AIDS and sectorial plans, and the inclusion of the HIV/AIDS dimension in the strategic plan to reduce poverty.

Other steps include participation, at the subregional level, in the implementation of joint projects to combat infection, including a plan for a corridor to combat AIDS on the Abidjan-Lagos highway, and the Mano River project, which brings together those African countries that have been victims of armed conflicts, and which will enable us to organize special activities to combat HIV during conflicts.

Also key will be the growing involvement of civil society, of the private sector and of individuals living with HIV in combating the pandemic. Indeed, Côte d'Ivoire's rate of infection is now 10.4 per cent, which makes it the most affected country in the West African subregion.

In addition to those measures, Côte d'Ivoire has drawn up policies that will enable us to strengthen its national response to the pandemic. These include a national policy on blood transfusions; a policy to prevent mother-to-child transmission of HIV; and a policy of access to antiretroviral medications. In this regard, let me recall that Côte d'Ivoire took part in the pilot phase of the Joint United Nations Programme on HIV/AIDS (UNAIDS) access to antiretroviral medications initiative. It is regrettable, however, that, due to the scarcity of resources, that, out of nearly 14,000 recorded cases, only 3,000 or so persons have been given access to antiretroviral drugs.

Other aspects of the Declaration are currently the topic of joint action designed to strengthen laws with a view to reducing discrimination of all kinds; the drawing up of policies and strategies to ensure a favourable environment for AIDS orphans; and the speeding up of research aimed at the development of a vaccine against HIV. I should like to point out here that Côte d'Ivoire will soon take part in a research project on child vaccines, thanks to North-South cooperation — among Italy, UNESCO and Côte d'Ivoire.

All of these steps have been made possible through the commitment of our head of State, who has given high priority to the combat against this pandemic by creating a Ministry specifically charged with combating HIV/AIDS. That Ministry is mandated with, inter alia, organizing, coordinating and following up on all activities to combat HIV/AIDS; mobilizing resources; and organizing a campaign to intensify the national response.

At this stage, I should like to welcome the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. In June 2001, during the twenty-sixth special session of the United Nations, Côte d'Ivoire stated: "We know what must be done, but we need the resources." Today we are eligible for the Global Fund, and we are full of hope.

I should like to make the following request: that procedures for the securing and disbursement of funds be streamlined, in order to enable a speedier and more effective response to HIV/AIDS, because not only does that disease thrive in conditions of ignorance and poverty, but its spread is also facilitated when we are slow to act or when there are delays in funding. Let us have confidence, and let us move quickly in order to save humankind.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Alain Moka, Minister of Health and Population of the Republic of the Congo.

Mr. Moka (Congo) (*spoke in French*): Two years ago, here in New York, a special session of the General Assembly was held — a historic session, because it was devoted to combating one of the greatest evils of modern times, HIV/AIDS.

We would like to reaffirm the relevance of the texts emanating from the twenty-sixth special session devoted to the pandemic, while welcoming the initiative taken by the General Assembly of convening this high-level meeting.

Congo, which endorsed the Declaration of Commitment on HIV/AIDS, has taken relevant actions, including a planning process that has made it possible to create a strategic national framework to combat AIDS for 2003-2007, on the basis of decentralization and a multisectoral approach; and a national council to combat HIV/AIDS, under the highest authority of the head of State himself.

Every region of our country has a departmental committee to combat AIDS, under the chairmanship of the regional prefect. Similarly, every region — with the involvement of civil society and of most ministerial sectors — has prepared its own plan of action, thus making it possible to implement the multisectoral strategic approach. These various components of our response to the epidemic are complementary and synergistic.

In the context of the provision of care for persons living with HIV/AIDS, the Congo has just launched an initiative to improve accessibility of antiretroviral drugs. The implementation of this initiative has made it possible to make such drugs available, which are dispensed and prescribed in the context of tracking procedures and at low cost.

As far as reduction of the rate of mother-to-child transmission, two projects are under way in the two main cities of the country, Brazzaville and Pointe-Noire. Those projects are being carried out by the French Red Cross — one with the support of the European Commission, and the other by the Ministry of Health and Population, in partnership with the Congo Assistance Foundation, headed by the First Lady.

Similarly, in partnership with United Nations system agencies, a number of prevention programmes are targeting various vulnerable groups. These include the prevention programme in the country's schools, which is backed by the United Nations Development Programme. That programme, based on the promotion of psychological and social skills, peer education and participatory teaching, has made it possible to develop a partnership on HIV/AIDS among pupils, teachers and parents.

I should like also to mention the pilot project to support orphans and other vulnerable children, backed by the United Nations Children's Fund (UNICEF) and the World Food Programme.

At the subregional level, an initiative designed to reduce vulnerability and the risks associated with HIV/AIDS and sexually transmitted diseases, in the context of morbidity, is under way. This initiative involves the countries that border the Congo, Ubangi and Chari rivers. The four countries involved — the Congo, the Democratic Republic of the Congo, the Central African Republic and Chad — are in talks with the African Development Bank for the financing of the subregional programme, whose implementation is set for November 2004.

Similarly, a programme to combat HIV/AIDS for the members of the Economic Community of the Central African States. For its part, the Congo, consistent with the commitments it undertook under the Abuja Declaration, has decided to increase its contribution to the implementation of the national plan

to combat AIDS by 1 billion CFA francs, or $1.6 million.

In consolidating that effort, Congo expects much from its partners, particularly the Global Fund to Fight AIDS, Tuberculosis and Malaria. In that regard, we hope the international community will make available to the Global Fund resources that will enable it to effectively support anti-HIV/AIDS efforts, particularly in developing countries. We take this opportunity to thank in particular the World Bank, with which Congo negotiated a grant agreement for the partial financing of our anti-HIV/AIDS strategy.

The commitment of Congo authorities at the highest level in the fight against HIV/AIDS no longer needs to be demonstrated. The President of the Republic, His Excellency Mr. Denis Sassou Nguesso, has shown that commitment by personally chairing the national anti-HIV/AIDS council. He has included the fight against the pandemic among the priority focuses of his seven-year New Hope programme. He has also placed top priority on anti-AIDS social mobilization actions, appealing personally to all Congolese men and women, during the council's establishment ceremony, for a revolution in thinking so that their behaviour will meet the requirements of the fight against the disease, whose ravaging effects hinder the development of nations.

Congo hopes that the outcome of these meetings will strengthen strategies that will enable us to attain the objectives of the special session devoted to HIV/AIDS, and that this high-level debate will be part of a quest for the international synergy needed to tackle the challenge uniting us today: saving human lives.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Carlos Saavedra Bruno, Minister for Foreign Affairs and Worship of Bolivia.

Mr. Bruno (Bolivia) (*spoke in Spanish*): At the outset, I am pleased to express heartfelt congratulations to Mr. Julian Hunte on his well-deserved election as President of the General Assembly at its fifty-eighth session, and particularly of these high-level meetings devoted to the treatment of HIV/AIDS.

Fortunately, Bolivia is a State where the AIDS epidemic remains in its early stages: we have a very low prevalence rate of no more than a few thousand cases. However, our country's low index does not make us forget the enormous damage and the grave threat represented by this disease at the global level. Accordingly, we have the absolute conviction that this is an evil that must be fought through a joint effort by all countries and peoples of the world. We believe that the support of the United Nations must continue and that the Organization must broaden its activities in underdeveloped countries, especially those with very few economic resources. In that connection, we appreciate and support the Joint United Nations Programme on HIV/AIDS, whose work is fundamental to the fight against the disease in our nations.

In its plan of action, the Government of Bolivia has labelled the problem of HIV/AIDS a priority public health issue and has identified stigmatization and discrimination as among the great obstacles in the fight against this disease. Therefore, we value the fact that the world campaign is focused on stigma, discrimination and human rights. Bolivia's Ministry of Health and Sport — in accordance with the commitments undertaken in the General Assembly on HIV/AIDS — has completed a strategic plan for preventing and controlling HIV/AIDS for 2003 to 2007, together with an AIDS bill. Representatives of civil society — especially associations and organizations related to AIDS patients — participated actively in the elaboration of both instruments. The AIDS bill has been submitted to the National Congress through the ombudsman's office so that it can be addressed and adopted in the current legislative term. My country believes that AIDS cannot be addressed solely from the medical perspective. That is why the new national provisions consider social, humanitarian, educational, economic, cultural, political and legal aspects, opening up a new horizon in the country's fight against AIDS.

Mr. Andrianarivelo-Razafy (Madagascar), Vice-President, took the Chair.

However, Bolivia is experiencing enormous economic difficulties that greatly limit our capacity for action. We need greater international support, which is why we encourage the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria to consider favourably our request for resources.

Nevertheless, despite our financial limitations, the Bolivian health system provides comprehensive care services to patients in monitoring and referral centres throughout the country. In addition, through a project of cooperation with the Brazilian AIDS

programme, we have obtained 100 two-year antiretroviral treatments, extendable for two more years. That donation will be effective as of November 2003.

My Government will continue working on prevention, follow-up and monitoring of the disease as well as on providing greater care for all patients. We wish to reaffirm our commitment to continue in the fight against the disease, thereby contributing to the Secretary-General's enormous efforts for a better life and health for all of humanity.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Ashock Jugnauth, Minister of Health and Quality of Life of the Republic of Mauritius.

Mr. Jugnauth (Mauritius): Allow me at the outset to express my gratitude for the honour and privilege of addressing this gathering on behalf of the Government of the Republic of Mauritius. When heads of State or Government adopted the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), in June 2001, a major step forward was taken in our fight against the epidemic. However, the main challenges were still to come with the implementation of the commitments in the Declaration. Indeed, it is very encouraging to note today that many countries are very much concerned about the prevalence and incidence of HIV/AIDS, and that many efforts have been made by each Member State to address the problem in line with the provisions in the Declaration.

As the Assembly is aware, Mauritius is situated in sub-Saharan Africa, where HIV/AIDS remains a major cause of concern. Fortunately, Mauritius can still be considered a country with a low prevalence of HIV/AIDS, with an infection rate of 0.08 per cent in a population of 1.2 million. However, with the population's changing lifestyle and high mobility, there is a high risk that the incidence of AIDS cases will increase.

The fact is that Mauritius is a tourist island, visited by more than half a million tourists yearly, and there are also migrant workers in our export-processing-zone sector. Thus, the presence of tourists and foreign workers can be a potential factor for the spread of HIV/AIDS in the local community. Between 1987 — when the first AIDS case was registered in Mauritius — and August 2003, there were 557 notified cases, of whom 89 were non-residents and 468 were Mauritians.

The Government of Mauritius has taken a number of positive actions to maintain the low prevalence of HIV/AIDS. Of course, we have not wrought any miracles, but instead we are adhering strictly to the commitments undertaken in June 2001. In fact, actions enunciated in the Declaration of Commitment were already being implemented prior to its adoption in 2001. In Mauritius we have been proactive at all times in combating the spread of HIV/AIDS.

The Government of Mauritius strongly believes in commitment to leadership. We are convinced that, without good leadership at all levels, no progress can be achieved in any field. Accordingly, we have not only developed a multisectoral HIV/AIDS Strategic Plan, but we have also revived and re-engineered the National AIDS Committee. It is now presided over by no less than the Deputy Prime Minister and Minister of Finance and comprises 13 other Ministers, representatives of governmental and non-governmental organizations, the private sector, parliamentarians and people living with HIV/AIDS, to monitor and ensure smooth implementation of the Strategic Plan. Besides, Mauritius is playing a catalyst role both at regional and subregional levels; for example, within the Indian Ocean Commission, the Southern African Development Community and the Eastern, Central and Southern African Health Community.

Regarding the targets set in the Declaration for prevention strategies, I am glad to mention that, with a view to reducing HIV prevalence among young men and women aged 15 to 24, the Government of Mauritius has set up a National Youth AIDS Network. This network is promoting peer education, and it has developed an action plan that has been prepared by the youth for implementation by the youth. Additionally, structured information, communication and educational campaigns are carried out among high-risk groups. I must also indicate that in Mauritius our policy of blood-transfusion safety has been consolidated and we are already implementing universal precautions in all health-care settings, with a view to preventing the transmission of HIV infection in these facilities.

The Prevention of Mother-to-Child Transmission Project, in keeping with the Declaration, is being implemented since 2000. Under this scheme, all HIV-infected pregnant women are given medication as from

the twenty-sixth week of gestation, followed by an elective Caesarean section. Newborns are given antiretroviral drugs for the first six weeks of life, together with a free milk supply for a period of two years, in lieu of breastfeeding. The results are indeed very encouraging. In fact, since the implementation of the project over three years ago, 32 HIV-infected pregnant women and their babies have been followed up and none of the babies has been infected.

In Mauritius we also strongly believe that, along with prevention, care, support and treatment should be integrated in a comprehensive and holistic package when dealing with HIV/AIDS.

We have also learned a good lesson, which is that failure to maintain a balance between prevention and treatment has resulted in a considerable reduction in prevention strategies, thereby increasing the risk for further rise in the incidence of infection. In that respect, in following up the commitment taken by Mauritius in June 2001, in addition to strengthening our prevention activities, we have been providing, since April 2002, antiretroviral drugs free of any user cost to all HIV/AIDS patients.

In Mauritius, the National AIDS Committee has already given its agreement for the drafting of comprehensive legislation aiming at protecting the rights of people living with HIV/AIDS.

With reduced vulnerability among women and girls, the welfare State in Mauritius has been further consolidated to provide economic opportunities for women and free education to all, from pre-primary to tertiary-level education.

To alleviate poverty, Mauritius is implementing a poverty alleviation programme aimed at promoting equality, equity and the empowerment of women.

To conclude, allow me to state that, although much has been achieved in Mauritius regarding the implementation of the Declaration of Commitment, we have yet to face the most difficult challenges. For that purpose, despite the commitment of political leaders and the willingness of other local stakeholders to serve, our fight against HIV/AIDS can be successful only with strengthened regional, subregional and global partnerships. Here, I wish to mention that international donors perceive Mauritius as a low-priority country for assistance. The Global Fund to Fight AIDS, Tuberculosis and Malaria did not approve a proposal from Mauritius for the second round, and we have not been included in the list of eligible countries for the third call, in view of our high gross domestic product and low prevalence of AIDS.

But, I must immediately stress that, although the prevalence rate is low, the incidence of HIV is increasing year after year. Accordingly, I believe that low-prevalence countries should also be considered for assistance, with a view to ensuring that the low-prevalence rate is maintained. In this respect, I appeal to multilateral donors, including the Global Fund, to review their policy for the allocation of funds for HIV/AIDS programmes. I am fully confident that, if each Member State receives adequate resources and adheres to the commitments contained in the Declaration, we can stop and reverse the rising trend of the pandemic.

Our dream is to see researchers coming quickly with a vaccine against HIV/AIDS and a cure in terms of drug therapy against the virus. I subscribe to that dream as well.

The Acting President (*spoke in French*): I call on His Excellency Mr. Beuran, Minister for Health of Romania.

Mr. Beuran (Romania) (*spoke in French*): In our view, the HIV/AIDS epidemic is not only a health policy matter, it is also one of the most serious foreign policy matters, to which, we, the Government of Romania and myself, attach great importance and in which we are determined to become involved.

Romania was at the forefront of AIDS prevention and treatment efforts in Eastern Europe. It was the first country in the region to conclude major agreements on the reduction of antiretroviral drug costs for people stricken with AIDS. Romania launched its AIDS programme in 1995 and mobilized itself to intensify efforts to that end. Today we can be proud of the health-care and monitoring system, which is accessible to all persons infected with HIV/AIDS through a network of advanced technology equipment designed to monitor and evaluate infected persons in nine hospitals — the major HIV/AIDS centres in our country.

At its fifth Board meeting on 6 June 2003, the Global Fund to Combat HIV/AIDS, Tuberculosis and Malaria adopted agreements for non-refundable grants totalling almost $57 million, of which Romania, with

$39 million, is one of the major beneficiaries. Thirty per cent of Romania's grant — $22 million — will go to the work of non-governmental partnerships. The funding will be a good opportunity to intensify prevention efforts in priority areas. Similarly, it will improve treatment, care and support for persons living with HIV/AIDS, especially for the high-risk groups, such as the Roma minority and prisoners.

Romania is the first country to grant tax exemption for all products and services purchased through Global Fund grants. The savings thereby made will free up an additional $3 million for tuberculosis and HIV/AIDS monitoring programmes.

The reason we are here today, as we already know, is that Governments cannot effectively deal alone with the HIV/AIDS problem. That is why public-private partnership is so timely, important and vital. If the international community intends to succeed in the campaign against AIDS and other devastating diseases, such as tuberculosis and malaria, partnership among Governments, the private sector, religious institutions and non-governmental institutions of all kinds is absolutely essential.

AIDS, like terrorism, kills randomly, without discrimination and pity. It is an insidious and implacable enemy that destroys families. It tears apart the social fabric of societies and undermines the very basis of democracy. It can harm the stability of countries and, as we have already seen, it can destabilize entire regions.

By saying what we believe and by providing good examples, we can help decision makers and the public understand that people living with HIV/AIDS should not be treated cruelly or be discriminated against. On the contrary, we should treat them with dignity and compassion.

We believe that the business community is a key element in the framework of emergency plans to treat HIV/AIDS. Partnerships combine the resources and expertise to achieve objectives that no partner can reach alone. The policies and collective actions of various Governments are also crucial to keep the great promises of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

I am convinced that we shall leave this meeting with new solutions to increasing and improving the cooperation that is so essential for the eradication of HIV/AIDS. By working in partnership everywhere throughout the world, we can contribute to ensuring that ignorance is replaced by information, stigma by support and despair by the dream of a better future.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Ana Palacio, Minister for Foreign Affairs of the Kingdom of Spain.

Ms. Palacio (Spain) (*spoke in Spanish*): Today, a terrible and cruel spectre is roaming the world, spreading in its wake suffering, bereavement and helplessness, from New York to Manipur, from Europe to the Caribbean — and Africa, because the scourge of AIDS has taken an especially cruel grip on that suffering continent.

AIDS is the embodiment of all the battles that mark the dawn of the twenty-first century. It presents new challenges, because AIDS is a new pandemic unknown 20 years ago. Its far-reaching implications stem from globalization. However, the challenges are old and tragically known to us all: poverty, underdevelopment, illiteracy. AIDS is thus an all-embracing challenge for the whole of humanity.

At the twenty-sixth special session of the General Assembly on AIDS, an important Declaration was adopted, which has served to channel the international commitment to this struggle since 2001. Two years hence, it is incumbent upon us to reflect on how to revitalize this decisive initiative.

AIDS is first and foremost a human tragedy, which does not distinguish between rich from poor, young from old. Suffering, bereavement and helplessness are compounded by stigmatization, silence and discrimination. Moreover, it has devastating economic consequences, producing deep rifts in the social fabric and, in some cases, it becomes a factor for political destabilization and institutional breakdown in certain very fragile systems.

For this reason, AIDS demands not just integrated national responses, involving efforts of the Government, civil society and the private sector. Combating AIDS cannot stop at the borders of States. We must have decisive, coordinated measures taken on the regional and global levels, through the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

We must also act with particular attention in the area of prevention — prevention focused on education

as the most effective instrument and based on information and communication through the new technologies available to us, and which pays particular attention to especially vulnerable sectors of the population.

Let us be clear: AIDS cannot be effectively combated if we do not at the same time fight illiteracy and poverty and work for the resolute social advancement of women, without double standards. It is women who, because of their biological and social roles, require particular health care throughout their childbearing years and who have proved to be the most effective health agents, with a great influence on the family and society.

We have to act urgently and effectively. We cannot vacillate as we seek a fair balance between intellectual property and the universal right to health. Our resolute support to policies of accessibility and essential drugs for all should be the guiding consideration.

We should leave no stone unturned. Creativity is essential. A good example is the Esther initiative, in which Spain is taking an active part, and which partners European hospitals with hospitals in developing countries to improve their organization, management and technical training.

Lastly, international action in solidarity requires the devoted participation and generous contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. My Government, with a significant contribution of $50 million, has also decided to undertake the responsibility of holding a position on the Executive Board. The Fund, moreover, is an example of coordination and effectiveness in the United Nations system of the reform efforts of the Secretary-General and his personal commitment to the global campaign against AIDS. Its innovative nature has represented a fruitful change in the relationship among United Nations funds and programmes.

Building on these approaches with the new ideas that emerge from this and other forums, we must tackle this challenge effectively. It is a challenge for the whole of humanity. We must be aware that this is a long-term effort. However, resolve, decisive measures, real commitment on the part of States, the private sector and the international community are the best weapons that we have. Let us use them without delay. Millions of lives depend on us.

The Acting President: (*spoke in French*): I now give the floor to His Excellency Mr. Juozas Olekas, Minister of Health of the Republic of Lithuania.

Mr. Olekas (Lithuania): At the outset, on behalf of the delegation of Lithuania, I would like to extend our warmest thanks to you, Mr. President, and to the Secretariat for the preparatory work of the session. The Lithuanian delegation is willing to cooperate fully and is ready to make every effort towards the success of this session devoted to reviewing our countries progress in implementing the Declaration of Commitment on HIV/AIDS, recalling that Lithuania was one of the initiators of this very important and significant act.

The presence of modernized infrastructures for both HIV prevention and drug treatment in Lithuania allowed for decisive action, which has been credited with suppressing the initial outbreak of HIV infections among intravenous drug users in the country and keeping the incidence low compared to neighbouring countries. Lithuania's reported HIV infection rates are among the lowest in Europe.

Following the recommendations of the United Nations and World Health Organization, the national AIDS prevention programmes, which are part of priority national public health programmes, have been developed and approved by the Government. We appreciate the partnership with the United Nations Theme Group on HIV/AIDS and especially the United Nations Development Programme in Lithuania in developing a national multisectoral HIV/AIDS prevention strategy.

Lithuania has developed multisectoral strategies to combat HIV/AIDS that include the health, education, labour and science sectors. The Lithuanian AIDS Centre is a functional HIV/AIDS body assisting in the coordination of civil society organizations. Strategies that address HIV/AIDS issues among Lithuanian national uniformed services, including the armed forces and the civil defence forces, are taken into consideration in the National AIDS Prevention Programme.

Lithuania has a general policy of promoting information, education and communication on HIV/AIDS. The law endorsing and promoting reproductive and sexual health education for young people was passed together with a strategy that promotes information, education, communication and

other health interventions for cross-border migrants and groups with high or increasing rates of HIV infection. Policies and strategies to reduce mother-to-child HIV transmission are included in the National HIV/AIDS Prevention Programme for 2003 to 2008. Lithuania has a clear policy and strategy to ensure and improve access to HIV/AIDS related medicines with emphasis on the vulnerable groups.

I would like to take this opportunity to highlight Lithuania's intellectual impact — and cooperation on these issues — in the region, which we base on the best existing practices. Therefore, we strongly support the ideas expressed by the Executive Director of the Joint United Nations Programme on HIV/AIDS, Dr. Peter Piot, that HIV/AIDS low-prevalence countries should not be excluded from active participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria. This is a unique global threat, and the entire world must join together in the fight against HIV/AIDS.

In conclusion, let me express my strong belief that we must continue the allied efforts of our countries to fully show our mutual intention to collaborate in strengthening the global response to the HIV/AIDS epidemic and in accelerating our progress in making an impact on the epidemic.

The Acting President (*spoke in French*): I now give the floor to Mr. Goran Svilanović, Minister for Foreign Affairs of Serbia and Montenegro.

Mr. Svilanović (Serbia and Montenegro): Allow me to thank the Secretary-General for his report on the progress towards implementation of the Declaration of Commitment on HIV/AIDS and for his personal commitment to combating this pandemic, which is already considered to be the worst in the history of humankind.

At the Millennium Summit, our heads of State and Governments resolved to halt and to begin to reverse the spread of HIV/AIDS, by 2015. This commitment was followed by the adoption, at the twenty-sixth special session of the General Assembly, of the Declaration of Commitment on HIV/AIDS, which set out a number of concrete and time-bound goals. These constitute an important framework for our actions in the global fight against HIV/AIDS. Now it is up to us to show that this is not just a Declaration, but a true commitment which will be translated into real actions.

Although there has been some progress in the global response to HIV/AIDS, it is with concern that we have to note the insufficient progress in reducing the number of new cases of HIV infections. The consequences are devastating and alarming. At the end of 2002, it was estimated that 42 million people were affected by HIV/AIDS. Millions of people have lost their lives, and so far there are 14 million children under the age of 15 who have lost one or both parents to this disease. These figures and the social, economic and political consequences of the pandemic clearly show that the HIV/AIDS pandemic has become a global emergency that threatens the security and development of all countries. This emergency requires an energetic HIV/AIDS response, based on collective action by all countries, through international cooperation and with the ultimate goal of raising it to the level needed to achieve the Declaration's targets.

We believe that the United Nations should address this challenge through strengthened inter-agency collaboration, especially at the country level, with a view to ensuring the most effective use of resources. The most valuable roles are those of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which has evolved as a viable mechanism for financing HIV/AIDS programmes and other health programmes in developing countries. However, we note with concern that, to date, the Global Fund has only received some $4.6 billion in financial pledges, clearly indicating that the global funding for HIV/AIDS programmes will fall short of the estimated $10.5 billion required annually by 2005. In our view, major efforts are needed to increase attempts to mobilize resources for the Fund.

The severity of the problem is obvious, not only in Africa and Central Asia, but in Eastern Europe as well, where we are experiencing the world's fastest growing HIV/AIDS epidemic. In 2002 there were an estimated 250,000 new infections in the region, bringing the number of people living with HIV/AIDS to 1.2 million.

In Serbia and Montenegro, in the period between 1985 and 2001, there were more than 10,000 HIV positive cases, and the greatest number of fatalities during this time was recorded in 2002. The vast majority of these reported infections are among young people, mostly drug addicts. The number of drug addicts and HIV/AIDS infected persons is on the rise in

all segments of the population, including under-age persons, with the age barrier dropping even to the level of elementary school pupils. Also, there is an increase in HIV/AIDS transmission among persons whose methods of transmission are undetermined, making the epidemiological situation even worse.

In Serbia and Montenegro, commissions on HIV/AIDS have been established at the level of the republics. They are working out national strategies for the fight against HIV/AIDS, educating medical workers, introducing programmes in schools, conducting public awareness campaigns, controlling vertical transmission — or the virus passing from mothers to children — and preventing the infection's spread within vulnerable groups. Serbia and Montenegro has established cooperation with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

We believe that the protection and promotion of human rights are among the core principles in an effective response to HIV/AIDS. Despite the fact that, at the international and national levels, appropriate measures have been taken to promote the human rights of infected persons and to prevent discrimination, a lot more needs to be done to overcome the stereotyping of — and degrading attitudes towards — these persons.

The United Nations, its Member States, international specialized agencies and non-governmental organizations should redouble their efforts and cooperation in the field of ensuring the rights of persons affected by this disease. This means that we have to come up with prevention and treatment programmes, make treatment accessible to all and work out education programmes, as we seek to include HIV/AIDS patients in everyday life.

Finally, I wish to emphasize once again the great importance that my Government attaches to the efforts to fight the HIV/AIDS pandemic and to reaffirm the commitment we made at the twenty-sixth special session of the General Assembly on the issue of HIV/AIDS in all its aspects at the national, regional and international levels. We believe that the alarming magnitude and spread of this deadly disease urgently requires focused and concerted action on the part of all nations.

The Acting President (*spoke in French*): I now give the floor to Dr. Mam Bunheng, Minister of State and Chairman of the National AIDS Authority of the Kingdom of Cambodia.

Mr. Bunheng (Cambodia): First of all, on behalf of the royal Government of Cambodia, I am very delighted to have the privilege to come to this meeting and report on our country's progress in responding to HIV/AIDS since we joined the other States and Governments at the General Assembly's special session on HIV/AIDS in June 2001 and signed the Declaration of Commitment on HIV/AIDS. Today I would also like to convey special and heartfelt thanks from His Majesty Norodom Sihanouk, King of Cambodia, and from Samdech Hun Sen, Prime Minister of the Royal Government of the Kingdom of Cambodia, to the United Nations, the international community, and to all present here for the support provided to Cambodia in the fight against HIV/AIDS.

In Cambodia, the combined efforts of the Government, the private sector and civil society, including people living with HIV/AIDS, have attracted attention and received recognition from the international community due to their initial success. From the projections model, it is estimated that, as of 2002, at least 700,000 lives had been saved from this fatal infection. However, we are still very cautious about the course of the HIV/AIDS epidemic, and we are continuing our efforts both to prevent and to provide care and treatment.

We consider HIV/AIDS to be a silent killing field, with consequences that can wreak complete devastation on our country. HIV/AIDS has therefore been recognized as a national priority and has been integrated into development plans such as Socio-Economic Development Plan II (SEDP II) and the National Poverty Reduction Strategy (NPRS).

Prevention efforts have resulted in a reduction of new infections. The countrywide 100 Per Cent Condom Use Programme is seen as a model for South-east Asia. In order to expand access to care and treatment, the Ministry of Health has developed the Continuum of Care policy, which strengthens the health-care system in the area of the provision of HIV-related drugs and other services. In the context of all these efforts, the rights of people infected or affected by and vulnerable to HIV/AIDS are respected.

A Code of Conduct to implement the law has just been drafted, and community counsellors are working with civil society to reduce stigma and discrimination.

One of the major challenges we face is the growing number of orphans. Wats and pagodas are

doing excellent work in providing care and nurturing to orphans. Other community-based alternatives are also being explored.

The multisectoral and comprehensive approach adopted in the framework of the National Strategy Plan includes attention to reducing vulnerability.

In the era of HIV/AIDS, for a sustainable response to this epidemic, social responsibility and the social safety net will also need to be strengthened. This will involve the participation of the individual and the family, who need to move from being passive to actively changing their behaviour and beliefs in the context of the combat against HIV/AIDS.

Lastly, on behalf of the Royal Government of Cambodia, let me say that I am very grateful to United Nations initiatives giving Cambodia access to substantial support, including the opportunity to access the Global Fund to Fight AIDS, Tuberculosis and Malaria. In meeting this challenge, we strongly believe that, working together, we will not fail to protect the vulnerable, the voiceless, the powerless, the sick and the orphaned, because we cannot afford to lose our beloved people. In this way we can prevent the pain, sorrow and losses of the past from coming back to us.

The Acting President (*spoke in French*): I now call on His Excellency the Honourable Tyrone Fernando, M.P., Minister for Foreign Affairs of Sri Lanka.

Mr. Fernando (Sri Lanka): I am honoured to address, on behalf of the Government of Sri Lanka, this high-level plenary meeting of the General Assembly on HIV/AIDS. Our main focus at this meeting is to review and debate the progress made in the implementation of the Declaration of Commitment on HIV/AIDS, adopted by the twenty-sixth special session of the General Assembly in 2001. In this regard, we would like to thank the Secretary-General for his comprehensive report on the progress achieved in realizing the commitments set out in the Declaration. It is our task to identify problems and constraints and to formulate recommendations to achieve further progress in implementing our commitments.

The global HIV/AIDS epidemic is no doubt one of the gravest challenges to human security. HIV/AIDS not only threatens the very existence of humankind, the social fabric of communities and the political stability of nations, but also seriously undermines every nation's ability to pursue economic development.

Transnational global challenges such as HIV/AIDS can be addressed effectively only through collective, integrated, long-term measures and strategies. The United Nations therefore has a crucial role to play in this respect.

AIDS is no longer a simple public health issue. Every sector of society in affected areas has been adversely impacted by the epidemic in one way or the other. AIDS threatens to roll back decades of social progress and economic development, and has become a fully fledged development crisis. A multidimensional crisis such as this requires a multisectoral response.

The Government of Sri Lanka is fully committed to the prevention and control of HIV/AIDS and has accorded the highest priority to achieving that goal by gearing up the health sector as well as other related ministries, agencies and civil society. The prevention of HIV/AIDS is a critical area that needs particular attention. The Government of Sri Lanka has accordingly launched the National STD/AIDS Control Programme under the auspices of the Ministry of Health.

The Government of Sri Lanka has adopted a multisectoral approach, which I mentioned earlier, to expand partnership, facilitate policy development and mobilize resources of other key stakeholders. These sectors include those of education, labour, tourism, armed forces, law enforcement, justice, media and information. We have placed special emphasis on education and information through our schools and our radio and television networks.

Some of the key achievements so far have been: participation of sectors such as labour, youth and education and the military in national prevention efforts; expansion of the treatment of sexually transmitted diseases through the construction of new clinics; meeting staffing and equipment norms in the establishment of outreach Programmes; upgrading of blood banks; provision of screening of all donated blood for HIV, syphilis and hepatitis B.

Despite the low prevalence of HIV/AIDS in Sri Lanka, where the rate of infection is estimated at 0.07 per cent — about 4,000 persons out of a population of 90 million — there are still a number of risk factors which could lead to the further spread of the infection.

There is a need for concerted action to enhance awareness of the dangers of HIV/AIDS, with particular focus on vulnerable groups such as migrant workers, internally displaced people, commercial sex workers, and so on. A sustained effective campaign for prevention requires strengthening the partnerships between the Government of Sri Lanka and United Nations agencies, donors, non-governmental organizations and religious and private-sector leaders.

We welcome very much the recent decision of the World Trade Organization which paves the way for making antiretroviral drugs accessible and affordable to millions of HIV/AIDS patients, particularly in the developing countries. This is a good indication of what concerted action by the international community can achieve.

HIV/AIDS respects no international borders. It does not discriminate by nationality, race, gender, or religion. Human behaviour and social conditions that spread the virus are present in all countries, whether developed or developing. AIDS is a single fatal infectious disease that adversely affects every one of us, creating a social crisis on a global scale that probably has not been experienced before. As called for in the Declaration of Commitment on HIV/AIDS in June 2001, let us be united through collaborative approach to address the global crisis through global action.

In conclusion, I should like to reiterate the Sri Lanka Government's commitment to pursue a truly multisectoral response to prevent the currently low prevalence of infection from expanding into the general population through affected groups with high-risk behaviour. Our Government is also determined to continue to provide the necessary leadership in a sustained campaign against HIV/AIDS.

The Acting President (*spoke in French*): I call on Mr. Roger Boynes, Minister of Youth and Sport Affairs of the Republic of Trinidad and Tobago.

Mr. Boynes (Trinidad and Tobago): Despite significant progress in some areas in the global response to HIV/AIDS, the challenges posed by this pandemic remain as insurmountable as ever. The effects wrought by this scourge in terms of the destruction and potential destruction of human lives, societies and economies are analogous to those of the First World War and the Second World War combined. Who knows how the long-term effects of the HIV/AIDS pandemic will ravage humanity?

In the case of Trinidad and Tobago, the prevalence rate for HIV is 1.2 per cent, and in the 15-to-19-age group it exceeds 4 per cent. What is of even greater concern is that, within that age group, the rate of infection among young women is more than three times higher than that of young men.

The prognosis for the Caribbean as a whole is that, in the absence of effective responses, the negative impact on life expectancy, the dissolution of households and, ultimately, the erosion of the quality of life will be intensified. HIV/AIDS poses a serious threat to national development.

The Secretary-General, in his report on the implementation of commitments, noted that "unprecedented resolve and intensified efforts will be required to raise the HIV/AIDS response to the level needed in order to achieve the Declaration's targets". In that regard, our Government, at the highest political level, is totally committed to overcoming this grave multidimensional problem.

To that end, a multisectoral task force has been established by the Prime Minster himself, with a mandate to coordinate all aspects of the preparation and the implementation of a programme to address all aspects of HIV/AIDS. The Government has developed a National Strategic Action Plan, which provides a comprehensive framework for the national response.

The Government is also increasing its funding for the treatment and the prevention of HIV/AIDS, particularly through the provision of increased resources to non-governmental organizations involved in the testing and care of persons living with HIV/AIDS. The work of the task force will be facilitated by a National AIDS Coordinating Committee Secretariat.

An important focus of the Government's action to fight AIDS is the development of a youth-led approach. The Government has become more actively engaged in the areas of youth health through, for example, the creation of youth-friendly, youth-managed health service facilities, where young people can acquire information on health and be tested for HIV/AIDS. In fact, a recent youth rally celebrating International Youth Day and sponsored by the Government was successful in educating the young people of our nation

about the fight against AIDS and in highlighting the importance of urgent action in that regard. At the rally, many young people chose to be tested at ad hoc facilities set up along the Brian Lara Promenade in the capital city of Port of Spain, rather than at a traditional health facility.

The Government is committed to spending approximately $80 million over the next five years on all aspects of its campaign against HIV/AIDS, sourced from local revenue, World Bank loans and other facilities available internationally. A Project Coordinating Unit, with the institutional support of the United Nations Development Programme, is being set up within the Office of the Prime Minister and will be responsible for overseeing the implementation of a $20 million World Bank loan for HIV/AIDS prevention and control.

With those committed resources, the Government intends to significantly expand access to comprehensive care and treatment, reduce the costs of HIV/AIDS drugs through appropriate State subsidies, provide antiretroviral drug treatment to persons living with HIV/AIDS, expand the programme for the prevention of mother-to-child transmission and construct two additional world-class walk-in AIDS testing facilities. It will allocate funding to the Medical Research Foundation of Trinidad and Tobago headed by Professor Courtenay Bartholomew, a distinguished research pioneer in the HIV/AIDS field. Those measures demonstrate clearly our Government's commitment to fulfil its obligations under the Declaration of Commitment on HIV/AIDS.

The battle against HIV/AIDS can be won only through the collaborative efforts of each and every member of the international community. We must battle this disease with everything that we have, utilizing all resources available to us. We need to recommit and rededicate ourselves to the struggle against the spread of HIV/AIDS on our planet.

The Acting President (*spoke in French*): I call on Mr. Abubakr Al-Qirbi, Minister for Foreign Affairs of the Republic of Yemen.

Mr. Al-Qirbi (Yemen) (*spoke in Arabic*): I wish at the outset to congratulate the President of the General Assembly at its fifty-eighth session and to express my confidence in his diplomatic skill, which will lead to the success of this session.

The Republic of Yemen is participating in these special meetings of this important international body, which is taking place to ensure follow-up to the outcome of the twenty-sixth special session of the General Assembly and to take stock of the implementation of the commitments undertaken by the international community to fight AIDS. We believe that the substantial participation in these special meetings demonstrates the international community's awareness of the importance of strengthening cooperation and partnership in all areas in order to combat this deadly disease, reduce infection and vulnerability to AIDS and make necessary retroviral treatment and drugs accessible. This can happen only if necessary resources are mobilized to support such efforts.

In the 1980s — only a few years after the appearance of the disease — we established national anti-HIV/AIDS programmes in Yemen. In the 1990s, we set up a high-level committee to combat the disease and to prepare studies to guarantee the safety of blood transfusions and to study epidemiological phenomena. Fighting HIV/AIDS was part of the five-year plans for 1996 to 2000 and for 2001 to 2005. Facing alarming prospects with the appearance and spread of the epidemic, Yemen was among the first States in the region to elaborate a national HIV/AIDS prevention strategy comprising a series of anti-AIDS measures and a precise timetable that we have strictly adhered to in our national plans. Here, we should like once again to express the hope that our strategy will win support from the United Nations.

Mr. Alimov (Tajikistan), Vice-President, took the Chair.

But our efforts have not been limited to the Government only; we made room for participation by civil society and at the levels of planning, legislation and scientific research in order to assist the efforts of the Ministry of Public Health and Population.

In that context, since Yemen is one of the least developed countries, I should like to refer once again to the difficulties that developing countries are encountering in providing necessary financial resources to halt the spread of the epidemic at the national and international levels. Because of such difficulties, the Secretary-General requested that a global fund be established whose resources would be allocated to fighting devastating epidemics and diseases. We ask the international community to show its political

resolve by providing us with the resources needed to combat this epidemic, which threatens all of humanity. We are optimistic at encouraging signs that the Global Fund will be renewed, including President Bush's statement that his country will increase its participation in international anti-AIDS efforts and statements made by a number of European countries.

Yemen believes that, together with international public efforts, we must mobilize national and international private sectors. It is absolutely necessary that we ensure coordination of all anti-AIDS activities, be they national or international — particularly relevant United Nations funds and programmes.

In conclusion, on behalf of Yemen, I thank the United Nations for the role it has played in helping our country to strengthen its national capacity to fight AIDS effectively. I thank in particular the United Nations Population Fund and all other United Nations specialized agencies working in our country.

The Acting President: We have heard the last speaker in the debate for this meeting.

I should like to inform members that, for technical reasons, the Assembly will adjourn its fifth plenary meeting at this time. Delegates are requested to remain seated, because the sixth plenary meeting will begin immediately after the adjournment of this meeting.

The meeting rose at 9.05 p.m.